U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File N | lumber U- | 0 | | | 2. Fiscal | Year Covered From | : | | |
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| | | | | • | | 1/1/ | 2004 Throug | h: 12 / 31 | / 2004 |
| 3. Name and address of person filing. | | | | 4. Name, file number, and address of labor organization. | | | | | |
| Name | Kevin B Hanley | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Name | Piledrivers | and Divers | Local 2520 | *************************************** |
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| P.O. Box, Bldg., Room No., if any | | | | | P.O. 1 | Box, Building and R | om Number, ir ai | ny Suite 6 | 111 11111 11111 144 111 111 144 14 14 14 |
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| Name of Person Filing Kevin Hanley | File Number U- | | | | | | | |
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| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | | | | |
| 8. Name and address of Business (including trade name, if any). Name Alaska Piledrivers and Divers JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 4 Street 825 E. 8th Avenue City Anchorage State Alaska ZIP Code + 4 99501-3820 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | | | | | |
| 10. If 9 b, or 9 c, is checked give trust or employeds name | 11.a. Nature of such dealing. | | | | | | | |
| Name PD LU 2520-AGC Joint Trainee Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 4 Street 825 East 8th Avenue City Anchorage State Alaska ZIP Code + 4 99501 | 11.a. Nature of such dealing. Training Coordinator/Instructor for Piledrivers and Divers Local 2520 Training Program 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Gross Wages - Training Coordinator/Instructor | | | | | | | |
| | 12.b. Amount. \$83, 730 | | | | | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | | | | |
| Name | | | | | | | | |
| Trade Name, if any: | | | | | | | | |
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| Street | | | | | | | | |
| City | Trendering | | | | | | | |
| State ZIP Code + 4 | | | | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | | | | |